

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009008 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 05/22/2015 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OAK GROVE FAMILY CARE HOME

583 SASAFRAS ROAD
BLADENBORO, NC 28320

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| C 000 | Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on May 22, 2015 from 8:24 AM to 9:35 AM at the above referenced facility. DHSR records indicate the home was first licensed on June 15, 1984 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 5) North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: | C 000 | CONSTRUCTION SECTION JUL 07 2015 RECEIVED | |
| C 117 | Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on review of documents, the last Fire Inspection performed at the facility was March 17, 2014. Fire Inspections are required to be conducted annually. Contact the local fire official to schedule an inspection. Provide a copy of the | C 117 | Completed on 7-2-15 | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| C 117 | Continued From page 1 approved report to DHSR/Construction Section. | C 117 | | |
| C 153 | Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1. In Bedroom #4, it was observed that a window on the back wall had been removed. The walls were taped and mudded, but have not been painted. The curtain brackets were still mounted above the old opening. Have a qualified person complete the repairs to the wall. | C 153 | | |
| C 168 | Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: | C 168 | | |

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| C 168 | Continued From page 2 1. Observations revealed that the fire extinguishers were last serviced in February of 2014 and are past due for their annual inspection. Have a qualified person inspect and tag the fire extinguishers. | C 168 | | |
| C 174 | Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of this survey, the smoke detector outside of the staff bedroom was hanging from its wires. When the smoke detector was sprayed with canned smoke, the alarm was barely audible. Have a qualified person repair or replace the smoke detector. Provide documentation of the repairs. 2. At the time of this survey, the smoke detector on the Resident hall nearest the living room was not interconnected to the other smoke detectors in the facility. Have a qualified person repair or replace the smoke detector so that when any one detector is activated, all of the detectors sound. Provide documentation of the repairs. 3. At the time of this survey, the smoke detectors in Bedroom #1 and in Bedroom #4 were not interconnected to the other smoke detectors in the facility. Have a qualified person repair or | C 174 | | |

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| C 174 | <p>Continued From page 3</p> <p>replace the smoke detector so that when any one detector is activated, all of the detectors sound. Provide documentation of the repairs.</p> <p>4. Observations revealed that the exterior outlet on the front porch did not have power. Have a qualified technician repair or replace the outlet. Provide documentation of the repairs.</p> <p>5. Observations revealed that the latch on the window in Bedroom #3 was broken. Have a qualified person repair the window. Provide documentation of the repairs.</p> <p>6. Observations revealed that the light in the master bath did not have a globe. Have a qualified person install a globe. Provide documentation of the repairs.</p> <p>7. Observations revealed the the exhaust fan in the master bath was clogged with dust. Clean the fan and provide verification that the correction is complete.</p> <p>8. Observations revealed that the kitchen range hood was dirty and the grease filter was missing. Have a qualified person install a grease filter and clean the range hood. Provide documentation of the repairs.</p> <p>9. Observations revealed that one of the flaps at the exterior dryer cap had broken off leaving an opening for pests to enter. Have a qualified person replace the dryer cap. Provide documentation for the repairs.</p> <p>10. Observations revealed that the metal roof of the carport at the corner of the utility room was damaged. Have a qualified person repair the roof. Provide documentation of the repairs.</p> | C 174 | <p>Complete on 7-2-15</p> <p>Complete on 7-2-15</p> | | |

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| C 101 | <p>Construction-Single Family</p> <p>IV. The Building</p> <p>B. General Construction and Maintenance (10NCAC 42C .2102)</p> <p>1. The home must meet the single family residential building code requirements of North Carolina Insurance Department. In addition, the following apply to facilities licensed after February 1, 1983, facilities which increase bed capacity, and facilities which change ownership.</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of this survey the following observations were made:</p> <ul style="list-style-type: none"> a. The facility has an addition that is not internally connected. b. The addition has a separate drive and a red pickup truck was parked in the drive. c. Lawn chairs, coolers and other miscellaneous items were sitting in front of the main entry to the addition. Per interview with Staff, she stated that most of the items were hers. d. Interview with Staff indicated that the building was once used as office space and storage, but was currently not being used. e. The porch light was on and one of the window A/C units was running in the addition. f. The facility has a dryer connection and per interview with Staff it also has a small kitchen which she said was no longer used. g. The addition is not separated by a fire wall and would, therefore, be classified as part of the family care home. <p>The facility is classified as a single family dwelling and, therefore, cannot have renters or boarders. Verify that the addition is not being used for rent</p> | C 101 | | |

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| C 119 | Continued From page 6 bathroom did not have a hand grip for the tub. Have a qualified person install a hand grip at the tub. Provide documentation of the repairs. | C 119 | | | |
| C 123 | Outside Entrances/Exits IV. The Building C. Physical Environment 8. Outside Entrances/Exits (10 NCAC 42C .2209) a. All floor levels must have at least two exits. If there are only two, the exits must be as remote from each other as reasonably possible. b. At least one entrance/exit door must be a minimum clear width of three feet and another must be a minimum clear width of two feet and eight inches. c. At least two outside entrances/exits for the residents' floor level must be at ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) d. All exit door locks must be easily operable, by a single hand motion, from the inside at all times without keys. e. All entrances/exit must be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. Observations revealed that the kitchen exit hardware was not single action. Have a qualified | C 123 | | | |
| | | | Complete on 7-2-15 | | |

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| C 123 | Continued From page 7 person replace the door hardware with single action hardware. Provide documentation of the repairs. 2. Observations revealed a set of steps from the sliding door exit out of the living room. The steps did not have handrails. Have a qualified person install handrails on either side of the steps. Provide documentation of the repairs. | C 123 | | |
| C 125 | Floors IV. The Building C. Physical Environment 10. Floors (10 NCAC 42C .2211) a. All floors must be of smooth, non-skid material and so constructed as to be easily cleanable. b. Scatter or throw rugs are not to be used. c. All floors must be kept in good repair. This Rule is not met as evidenced by: 1. Throw rugs were observed on the floor in Bedroom #3. Remove all of the throw rugs. Provide verification of the correction. 2. Observations revealed the carpet in Bedroom #3 was badly stained. Have a qualified person clean or replace the flooring in Bedroom #3. Provide documentation of the repairs. 3. Observations revealed that the carpet in Bedroom #2 was bunching and was badly stained. Have a qualified person replace the flooring in this bedroom. Provide documentation of the repairs. 4. Observations revealed that the door to the hall bath had been enlarged. The floor finish had not | C 125 | | |

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| C 101 | Continued From page 5 or boarding. | C 101 | | |
| C 119 | Bathroom IV. The Building C. Physical Environment 5. Bathroom (10 NCAC 42C .2206) a. Facilities licensed as of April 1, 1984 must have one full bathroom for each five or fewer persons including live-in staff and family. b. If there is a question whether a home licensed before April 1, 1984 has a sufficient number of bathrooms, the Division of Facility Services is responsible for determining the size and number of bathrooms required based on the number of persons living in the home. c. The bathroom(s) must be designed to provide privacy. A bathroom with more than one toilet or tub/shower must have privacy partitions or curtains. d. Entrance to the bathroom is not to be through a kitchen, another person's bedroom, or another bathroom. e. The bathroom must be located as conveniently as possible to the resident's bedrooms. f. Hand grips must be installed at all commodes, tubs and showers on the floor level used by the residents. g. Nonskid surfacing or strips must be installed in showers and bath areas. h. The bathroom must be well lighted and adequately ventilated. i. The bathroom floor must have a non-slippery water-resistant covering. This Rule is not met as evidenced by: 1. Observations revealed that the Residents' hall | C 119 | | |

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| C 125 | Continued From page 8 been repaired where the wall was cut back. Have a qualified person repair the floor finish. Provide documentation of the repairs. | C 125 | | | |